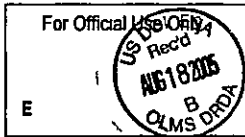


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 04586 9832	2 Fiscal Year Covered From 1 / 1 / 2004 Through 11 / 11 / 2004
3 Name and address of person filing Name Linda Williams P O Box Bldg Room No if any Street 2103 richmond City wichita falls State Texas ZIP Code + 4 76309	4 Name file number and address of labor organization Name laborers local Labor Organization File Number 011-68 064508 P O Box Building and Room Number if any suite 318 Street 1401 holliday st City wichita falls State Texas ZIP Code + 4 76301
5 Position in labor organization delegate	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)	
Signed <u>Linda Williams</u>	On <u>8-12-05</u> <u>940 692-7655</u> Date Telephone Number

Name of Person Filing Linda Williams	File Number U 04586
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name LECET Trade Name if any _____ P O Box Bldg Room No if any _____ Street 25 CENTURY BVD SUITE 305 City NASHVILLE TN State Tennessee ZIP Code + 4 37214	9 Business deals with <input type="checkbox"/> a Labor Organization <input checked="" type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11 a Nature of such dealing PROVIDEE EMPLOYERS EDUCATION 11 b Approximate dollar value of such dealing _____ \$46 12 a Nature of interest held or income received 11-11 2004 RECEPTION 12 b Amount _____ \$46

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name LECET Trade Name if any LECET P O Box Bldg Room No if any _____ Street 25 CENTURY BLVD SUITE 305 City NASHVILLE State Tennessee ZIP Code + 4 37214	14 a Nature of payment 11 11-2004 HAD DINNER 14 b Amount of payment _____ \$46
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?	